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Bib Data Sheet

CONFIRMATION NO. 8228

SERIAL NUMBER 10/042,737	FILING DATE 08/29/2002 RULE	CLASS 060	GROUP ART UNIT 3746	ATTORNEY DOCKET NO. 50220
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APPLICANTS

Med Osman, Gilbert, AZ;

** CONTINUING DATA ***** *COIF*
NONE

** FOREIGN APPLICATIONS ***** *COIF*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/08/2005

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 14	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *[Signature]*
 Examiner's Signature Initials

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TITLE
 Square ultra thrust reverser system

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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